

TRAVEL EXPENSE CLAIM

FA-0302 (REV. 1/1999) Front CT #7541-0620-9

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PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last) Cal T. Rans			SOCIAL SECURITY NUMBER 123-45-6789			DEPARTMENT TRANSPORTATION		
POSITION Transportation Engineer			B.U./M.D. 9			NUMERIC DIST/UNIT (For Check to Be Sent) CONTACT PHONE # (Include Area Code) 59/501 (916) 227-9999		
CLAIMANT'S HOME ADDRESS 123 First Ave			HEADQUARTERS ADDRESS 1820 Alhambra Blvd					
CITY Sacramento			STATE CA			ZIP CODE 95814		
CITY Sacramento			STATE CA			ZIP CODE 95816		

(1) MONTH/YEAR 6/03		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L.T. N/C,REL. OR DINNER		(A) COST OF	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
1	continued	LTA Location				10.00					15	5.10		15.10
2		LTA Location				10.00					20	6.80		16.80
3		LTA Location				10.00					25	8.50		18.50
4		LTA Location				10.00					23	7.82		17.82
5		LTA Location				10.00					20	6.80		16.80
6	1600	LTA Location to Permanent Residence				5.00					150	51.00		56.00
8	1500	Permanent Residence to LTA Location				10.00					21	7.14		17.14
9		LTA Location				10.00					20	6.80		16.80
10		LTA Location				10.00					23	7.82		17.82
11		LTA Location				10.00					25	8.50		18.50
12	continued					10.00					25	8.50		18.50
(10) SUBTOTALS						105.00					367	124.78		229.78

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
LTA \$1130 Option (include reason for LTA)

CLAIM TOTAL \$ 229.78

(12) NORMAL WORK HOURS 07:00 - 15:00		SUF. FIX	T. CODE	M. D.	SOURCE	CHG. DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FAE	AGCY. OBJ.	AMOUNT	FY	MSA CODE
(13) PRIVATE VEHICLE LICENSE#					81 053	81	961370			7	020	\$105.00		
TRAVEL					81 053	81	961370			7	010	\$124.78		
(14) MILEAGE RATE CLAIMED														
0.34														
AGENCY ACCOUNTING OFFICE USE ONLY														
PAID BY REV. FUND CHECK #														

(15) I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE Cal T. Rans	DATE 6-16-03	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT BODD T. Rans	DATE 6-19-03
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse side)			DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING